



Direct Deposit Authorization

Form 21 – Revised 12/1/2013

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Benefit Recipient Information – PERS will automatically update the mailing address on file with the mailing address listed below.

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

2 Benefit Payments to Deposit – All payments selected for direct deposit will be fully and directly deposited to the bank account listed in Section 3 below. Only one bank account may be designated to receive all deposits for all payments received.

Public Employees' Retirement System of Mississippi (PERS) ☐ Retiree ☐ Beneficiary

Mississippi Highway Safety Patrol Retirement System (MHSPRS) ☐ Retiree ☐ Beneficiary

Supplemental Legislative Retirement Plan (SLRP) ☐ Retiree ☐ Beneficiary

Municipal Retirement Systems (MRS) ☐ Retiree ☐ Beneficiary

3 Bank Account Information – Attach a voided check to activate direct deposit to a checking account.

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: _____ Account Type: ☐ Checking ☐ Savings

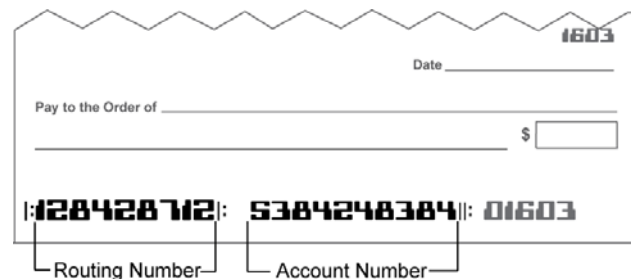
Account Owner's Full Name: _____

Account Owner's Social Security No.: _____

See sample check at right to find the following numbers:

Routing Number 9 digits: _____

Account Number up to 17 characters: _____



4 Applicant Authorization If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

I hereby authorize PERS to directly deposit retirement benefits for the above-listed benefit recipient to the above-listed account.

Applicant's Signature: _____ Date mm/dd/ccyy: _____